

SPOUSE HEALTH RISK ASSESSMENT SIGN-OFF FORM
HRA Screening at Spouse's Employer
For
City of Green Bay

If you participated this year in a Health Risk Assessment (HRA) at your employer the HRA screening and review may be waived for the City of Green Bay. Please complete this form and return to the City of Green Bay if requesting to waive the City's HRA screening.

Please Note: A routine physical exam and other tests are required if you have reached age 40 by January 1. Complete the annual physical requirement and submit the MD Sign-Off Form to the Human Resource Department by October 31. If under age 40 you don't need to complete the physical exam requirements

Females age 40 and older need:

A routine physical every year.
A pelvic/pap smear every year.
A mammogram every other year.

Males age 40 and older need:

A routine physical every year.

If you would like to receive confirmation of receipt of your Spouse Sign Off form, please add your e-mail address below.

E-mail: _____

Please use the MD Sign-Off form for the required physical testing if over age 40.

I certify that I completed a Health Risk Assessment at my Employer on _____
(date)

Name of Employer where HRA completed: _____

Employee Name (Print): _____

Spouse Name (Print): _____

Spouse Signature: _____

Date Signed: _____

Return signed form when requirements are completed, but no later than October 31 to:

Human Resources Department
100 N. Jefferson St. Green Bay, WI 54301
Fax: 920-448-3128
Phone: 920-448-3147